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STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 2 4 2019

RECEIVED

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

| | | · | DEPARTMENT OF |
|---|---|--|---|
| I. Name of Lobbyist(s | James | Gove | |
| II. Name of lobbyist's | ; partnership, firm or corpora | ation, if any: | |
| <u>Go</u> | ve Snyi con reportation of partnership, firm or corporation | | ces, Ire |
| 8 Cuntines Business Address: (Stre | Hal Drive BH | m/City) Un.4 H (State | xeter NH 038 |
| (Telephone) | 20 (W3 <u>1</u> 17) | S - 0 6 5 9 e-mail <u>J</u> | Gove@gesinc.bi2 |
| III. This statement coreportable expense tra | vers: (Choose one – file separ ansactions which are not attr | ate reports for each client, OR ibutable to any one client). | you may file a separate report for |
| ☐ All reportable trans | | s prior to the reporting date relat | _ |
| | F. NO CSOURCE | Energy | |
| | (Full Name of Client as it appears | Energy s on the Lobbyist Registration Form |) |
| <u>OR</u> | | • | · |
| ☐ All reportable transa unrelated to any particu | actions by the lobbyist (including lar client. | ng the lobbyist's family), or the l | obbying firm listed below which are |
| IV. Date of Report | April 25, 2018 🗌 | July 25, 2018 | |
| Reports cover: activit | ty from date of registration to 3/3 | 1/18 activity from 4/1/18 to | 6/30/18 |
| a | October 31, 2018 activity from 7/1/18 to 9/30/18 | January 30, 20 activity from 10/1/18 | |
| V. There have been If this box is checked, c Concord, NH 03301. | no fees received and no re omplete just this form and subn | portable transactions made nit it to the Secretary of State's (| since the last report. Office, State House, Room 204, |
| | l reports are attached: | | |
| If you have receive | d fees or made expenditures, ye | ou must file Addendum A - Fees | and Expenses |
| ☐ If you have paid an Expense Reimbursemer | | enses, you must file Addendum | B- Report of Honorariums or |
| ☐ If you, your firm, o | r your family has made politica | ll contributions, you must file A | Idendum C- Political Contributions |
| | | 64 and hereby swear or affirm th | nat the foregoing information is true 10 (Date) |
| James P.C. (Print Name of lobbyis | rove | | . — |

P L E A S E P R I N



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Na me of Lobbyist(s) James Gove | | | |
|--|---|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: | | | |
| (Name of partnership, firm or corporation) | e/q () | | |
| (Name of partnership, firm or corporation) | | | |
| III. Name of Client <u>Ever Source Energy</u> | Date | | |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses: | relations, or public relations service | | |
| a) Total of all fees received in this reporting period | a)\$5,301.50 | | |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) | b) \$ | | |
| c) Total of all fees received to date (Add lines a and b) | c)\$ 5,301.50 | | |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ | | |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lesse being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paic expenses; (b) the aggregate total of all expenses; (c) that is given to the person of with a value of \$25.00 or less); and tring period of greater than \$25.00 for the of greater than \$25, purchase of a expense reimbursement, or political | | |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ | | |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ | | |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ | | |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ |
| f) Total of all expenses year to date | f) \$ |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| NA | \$ |
| , | \$ |
| | \$ |
| | \$ |
| | \$ |
| <u> </u> | \$ |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm | that the foregoing information |
| is true and complete to the best of my knowledge and belief. | |
| (Signature of lobbyist) | 1 22 19 (Date) |
| To | (Date) |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: <u>Eversource</u> Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): April 25, 2018 □ July 25, 2018 □ October 31, 2018 January 30, 2019 🔼 I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.